

After Recording  
Return to:

Indian River Shores Building Department

6001 North A1A

Indian River Shores, FL 32963

772-231-4453 or fax 772-234-5246

**Notice of Commencement**  
FS 713.13

Permit No. \_\_\_\_\_  
Tax Folio # \_\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.

1. Legal description of property: \_\_\_\_\_  
\_\_\_\_\_
2. General description of improvement: \_\_\_\_\_
3. Owner: Name and address \_\_\_\_\_
  - a. Interest in property: \_\_\_\_\_
  - b. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_
4. Contractor: Name and address \_\_\_\_\_
  - a. Phone number \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_
5. Surety: Name and address \_\_\_\_\_ Bond \$ \_\_\_\_\_
  - a. Phone number \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_
6. Lender: Name and address \_\_\_\_\_
  - a. Phone number \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_
7. Persons within the State of Florida designated by Owner upon notices or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes: (name and address):
  - a. Phone number \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_
8. In addition to himself, Owner designates \_\_\_\_\_ To receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes.
  - a. Phone number \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless different date is specified)  
\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_  
who is Personally Known To me or has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

(SEAL)

\_\_\_\_\_  
Notary Public